

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012679

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Orrick</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>N.K.C. Memorial</u>				Length of stay in lb <u>8 days</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>-</u> Last <u>Budislices</u>				4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1959</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>Cauc.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-25-99</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (City and state or country) <u>BUDAPEST, HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MATHEW BUDISLICES</u>				13b. MOTHER'S MAIDEN NAME <u>MARY (UNKNOWN)</u>			
14. NAME OF HUSBAND OR WIFE <u>Edra RICHARDS</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>494-40-2999</u>				17. INFORMANT <u>MRS. EDRA RICHARDS BUDISLICES, ORRICK, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>terminal Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cardiomyopathy of the rt. lung, &amp; general</u> DUE TO (c) <u>metastases</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>8:50</u> a.m. <u>PM</u> Month, Day, Year <u>4-27-59</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4-19-59</u> to <u>4-27-59</u> and last saw her/him alive on <u>4-27-59</u> Death occurred at <u>4-27-59</u> <u>8:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Saul Private MD</u>				22b. ADDRESS <u>2025 North Kansas City, Mo.</u>		22c. DATE SIGNED <u>4-28-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APRIL 29, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO.</u>	
24. FUNERAL DIRECTOR <u>THURMAN FUNERAL HOME, RICHMOND, MO</u>				25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *L. J. Thurman* .....

Licensed Embalmer No. *4563* .....

P. O. Address *Richmond, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.